ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

eturn should preferably be made
person who made the original.)

SUPPLEMENTARY REPORT OF BIRTH

County Register No.* 364

of Birth S Hayden (Registration district) No. St.

F CHILD*	Twin* Triplet or other?	and	Number* in order of birth
F			

F BIRTH* Aug 4, 1916 [Month] [Day] [Year]

FATHER B. Gentry

MOTHER K. Moore

I HEREBY CERTIFY that the child described herein has been named

Edith Katherine Gentry [Give name in full] [Surname]

[Signature] B E Gentry

Dr. Gown (Physician or Midwife)

e items to be entered by the local registrar before giving out this form.

supplemental reports of births may be obtained from the local registrar.
al registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on
ay of following month.

578-804-245

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be made for each, and
attending Physician or

PLACE
County of
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Full Name
Residence
Color or Race
Birthplace
Occupation
Number of child of th
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